

<b>AMENDMENT TRANSMITTAL LETTER (LARGE)</b> Applicant(s): <b>Schlarb, et al.</b>	Docket No. <b>A-6728 (191930-1400)</b>
-------------------------------------------------------------------------------------	-------------------------------------------

Serial No. <b>09/709,167</b>	Filing Date <b>November 19, 2000</b>	Examiner <b>Nalevanko</b>	Confirmation No. <b>3220</b>	Group Art Unit <b>2611</b>
---------------------------------	-----------------------------------------	------------------------------	---------------------------------	-------------------------------

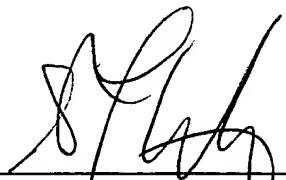
Invention: **Method and Apparatus for Browsing Television Program Information by Categories Assigned to Channels**

**Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450**

Transmitted herewith is Response and Extension of Time (1 month) in the above-identified application.  
The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41 -	41 =	0	X \$50.00	\$0
INDEP. CLAIMS	13 -	13 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$120
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$120.00

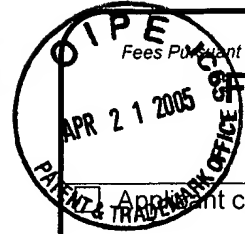
- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$120.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
**Jeffrey R. Kuester, Reg. No. 34,367**

4-18-05  
\_\_\_\_\_  
Date

Effective on 12/08/2004

Fees Payable to the Consolidated Appropriations Act, 2005 (H.R. 4818).



# **FREE TRANSMITTAL** **For FY 2005**

## **Complete if Known**

Application Number	09/709,167
Filing Date	November 10, 2000
First Named Inventor	Schlarb, et al.
Examiner Name	Nalevanko, Christopher R.
Art Unit	2611
Attorney Docket No.	A-6728 (191930-1400)

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$120.00)

### METHOD OF PAYMENT (check all that apply)

- ☐ Check 
 ☒ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify):
- ☐ Deposit Account 
 Deposit Account Number: **20-0778** 
 Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) 
 ☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

#### 2. EXCESSIVE CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee(\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
41	-20 or HP = 0	50	0	360	360	0

HP = highest number of total claims paid for, if great than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
13	-3 or HP = 0	200	0

HP = highest number of total claims paid for, if great than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	250 =	0

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Extension of Time - 1 month

Fee Paid (\$)
0
120.00

#### SUBMITTED BY

Signature

Registration No. **34,367**

Complete (if applicable)

Telephone Number  
770-933-9500

Name: (Print/Type)

**Jeffrey R. Kuester**

Date:

4-18-05

## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:



**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on

4-18-05

Jeffrey R. Kuester

In Re Application of:

Schlarb, et al.

Serial No.: 09/709,167

Filed: November 10, 2000

Confirmation No.: 3220

Group Art Unit: 2611

Examiner: Nalevanko, Christopher R.

Docket No.: A-6728 (191930-1400)

**For: Method and Apparatus for Browsing Television Program Information by Categories Assigned to Channels**

The following is a list of documents enclosed:

- Return Postcard
- Amendment Transmittal
- Petition for Extension of Time - 1 month
- Fee Transmittal
- Credit Card Authorization - Authorizing \$120.00
- Response
- Replacement Sheet for Fig. 5

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.